CHAPTER 1. GENERAL INFORMATION

1-1. INTRODUCTION

The U.S. Army Medical Materiel Agency (USAMMA) is responsible for acquisition and logistics management of new and replacement medical equipment and supplies for the Table of Organization and Equipment (TOE) medical units and equipment over $100,000 for Tables of Distribution and Allowances (TDA) medical facilities. The U.S. Army Medical Command (USAMEDCOM) has tasked the USAMMA, Materiel Acquisition Directorate (MMO-A), Fort Detrick, Maryland, with the following areas of responsibility:

a. The Program Management and Acquisition logistics support/sustainment for lifecycle management of commercial and non-developmental medical materiel and unit assemblages (UAs), including:

- Source Selection
- Maintenance Planning
- Training & Training Support
- Supply Support
- Technical Data (e.g., Electronic Literature, Manuals)
- Support Equipment
- Packaging, Handling, Storage & Transportation
- Computer Resources Support
- Design Interface
- Standardization
- Basis of Issue Plans and Maintenance Allocations

The Materiel Acquisition Directorate also manages administration of data for UAs (components and logistics management data).

b. The management of Medical Care Support Equipment (MEDCASE) and Super Capital Expense Equipment Program (SuperCEEP).

c. The Army Medical Department (AMEDD) Class VIII Secondary Inventory Control Activity (SICA) and Tri-Service focal point for all aspects of medical (and some non-medical) cataloging of supplies and equipment.

d. The Technology Assessment and Requirements Analysis (TARA).

(1) The TARA is the responsibility of the Technology Planning Division (MMO-AT) and is a management tool that provides an unbiased review of the clinical requirements and operations for medical treatment facilities (MTFs). The goal of the TARA team is to provide decision makers at the USAMEDCOM with the management information needed to make informed decisions on the clinical and technological resources required to accomplish business plan missions and to develop acquisition strategies that ensure optimal clinical outcomes. In support of this mission, the MMO-AT supports the AMEDD in market and technology surveillance, equipment analysis, acquisition support, and program management.

(2) The TARA team provides the MTF Commander with a “snapshot” of the facility’s diagnostic imaging and laboratory capability during an out-brief at the conclusion of the site visit. This is followed by a written report approximately 60 days

after the completion of the site visit. The information obtained from the TARA visit can assist the Commander in managing his equipment and personnel, as well as improve and streamline his operation. In addition, requirements for new equipment are centrally generated based on the TARA.

(3) In an environment of reduced fiscal resources, it is imperative that sound business practices are applied to capital investment equipment programs. The decision makers at the USAMEDCOM, Regional Medical Commands (RMC), and individual TDA MTFs must have a viable means of acquiring the management information needed to effectively balance limited resources with clinical requirements.

(4) The TARA program presently focuses on diagnostic imaging, radiotherapy (medical centers), and clinical laboratory systems. As the radiology model for the TARA program evolved, the USAMMA was tasked to expand the TARA to include other clinical areas and programs. First, in addition to assessment of diagnostic imaging equipment, the USAMMA developed a laboratory module to assist management at Army MTFs with consolidating testing equipment and promoting efficient work areas. In addition, the TARA is expanding to other patient care areas such as patient monitoring, clinical information systems, lasers, and other equipment valued over $100,000.

1-2. MATERIEL ACQUISITION DIRECTORATE ALIGNMENT

a. Within the Materiel Acquisition Directorate, three clinical commodity divisions exist. Multidisciplinary teams within each division are dedicated to the lifecycle management of medical supplies, equipment, and UAs assigned to that division. Each team consists of at least one clinician, an integrated logistics manager, a logistics engineer, a biomedical engineer, a medical maintainer, a logistics management specialist, and a standardizer. The full complement of clinicians across the divisions includes an active duty laboratory officer, active duty pharmacist, active duty operating room nurse, two civilian nurses, and one civilian physicians' assistant. The three divisions coordinate actions and reviews with personnel in other Army and DoD agencies. They translate concepts and comments from doctrine and after action reports (AARs) into practical applications, enhancing the capability to save lives. The clinicians are also available to provide direct consultation with Modified Table of Organization and Equipment (MTOE) units both in the continental United States (CONUS) and outside the continental United States (OCONUS).

(1) The Ancillary Care Division (MMO-AA) is responsible for some of the most technical and specialized medical assemblages on the battlefield. They are responsible for all dental, ophthalmology/optometry, oxygen, preventive medicine, and diagnostic imaging, to include ultrasound and computed tomography products and UAs. This division manages 62 major end items and 33 medical UAs. The division also manages the UA equipment support book program.

(2) The Medical Scientific Division (MMO-AL) manages all veterinary; laboratory; chemical, biological, radiological, and nuclear (CBRN) equipment and UAs, to include the Joint Biological Agent Identification System (JBAIDS). This division is also responsible for the non-medical items; test, measurement, and diagnostic equipment (TMDE); tool kits; and the water distribution and waste water management system. Over 125 major end items and 99 assemblages are managed from within this division.

(3) The Acute Care Division (MMO-AC) manages the bulk of assemblages dealing with the acute care of the soldier. This includes equipment and UAs ranging from the sick call and ambulance sets to the forward surgical team. It also includes the core of the combat support hospital: the EMT, pharmacy, surgery, intensive care unit, and wards and clinics. This Division manages 76 end items and 62 UAs.

b. The Technology Planning Division (MMO-AT) manages the MEDCASE and SuperCEEP programs for the AMEDD. This Division also houses the TARA team. This team performs assessment visits to TDA medical treatment facilities in an effort to assess their workload requirements, operations analysis, and equipment assessment for obsolescence/upgrade/state of repair.

c. The Support Division (MMO-AS) provides acquisition support functions in support of the entire Materiel Acquisition Directorate for our customers. They develop and finalize the UAs/bills of material (BOMs);manage the directorate property book; provide technical writing/editorial support; develop interactive electronic technical manuals (IETMs); manage the directorate information on the USAMMA website; manage familiarization training; review, analyze, and modify the manpower requirements criteria (MARC) program, and maintain data for equipment readiness and reporting. They perform the SICA function for Class VIII medical items of supply by assigning and maintaining medical NSNs for all Services.

d. The Director and MAD Coordinator (MMO-A) manage the FL8D Other Procurement, Army (OPA) funds, provide support to the training base, and ensure quality assurance of all UAs and equipment data.

1-3. PURPOSE AND APPLICABILITY

a. This *SB 8-75-S5* issue outlines the policies and procedures that are used by the USAMMA MMO-A to include the TARA, MEDCASE and SuperCEEP, TOE management of medical field equipment and supplies, and UA management. In addition, information concerning technologies that support digital environments required for teleradiology programs is provided.

b. Programs identified in this publication, e.g., the Digital Imaging Network-Picture Archiving and Communication System (DIN-PACS), are not solely the responsibility of the USAMMA MMO-A; however, as technology program administrators, facilities are encouraged to contact the MMO-A for guidance on these issues. Point of contact (POC) is the USAMMA, ATTN: MCMR-MMO-AT, Fort Detrick MD 21702-5001; telephone DSN 343-8198, commercial 301-619-8198.

1-4. OVERVIEW OF *SB 8-75-S5*

a. Chapter 2 discusses the MEDCASE and SuperCEEP programs. The MEDCASE and SuperCEEP programs are centrally funded programs that provide the capital investment equipment required to support Army health care activities at TDA Army MTFs throughout the world. Equipment requirements originate at the activity level and are reviewed and approved at levels that depend on dollar value. The web MEDCASE requirements and execution (WebMRE) database is used to front-load MEDCASE and SuperCEEP requirements for routine replacement of diagnostic imaging systems and acquisition of newly recommended equipment, based on TARA reviews.

b. Chapter 3 provides details on the TARA program, its history, and future directions. The TARA team needs to understand the vision of the Commander to effectively evaluate each facility. Information on the facility is requested in advance or during the TARA site visit. Without the vision of the facility Commander and accurate data on workload, patient trends, and equipment, the TARA team can only provide its best estimates on future needs of each facility.

c. Chapter 4 discusses managing technology in the military laboratory. Management of laboratories in departments of pathology requires a review of the cost efficiency of procuring new equipment versus equipment reagent rental and cost-per-test contracting. As equipment reaches its life expectancy and before purchasing new equipment, the possible benefits of cost-per-test contracting and reagent rental contracts are evaluated.

d. Chapter 5 discusses the goals of military radiology. The goal of military radiology is to be the prime provider of high-quality radiology services to all Department of Defense (DOD) beneficiaries of health care. The Military Radiology *Functional Economic Analysis* (FEA) discusses the vision of the military radiology community.

e. Chapter 6 provides information on the Digital Imaging Communication in Medicine (DICOM) standard. The DICOM standard allows radiology devices to interface with each other, even if they are miles apart and manufactured by different vendors. All new purchases or upgrades for Army MTFs support the current DICOM standard.

f. Chapter 7 discusses Picture Archiving and Communication System (PACS). PACS implementation is largely the responsibility of the Army PACS Program Management Office (APPMO).

g. Chapter 8 provides information on the supportability analyses conducted by the MMO-A to describe the strategic roadmap of logistics supportability functions and the planning necessary to influence the system's design from concept to disposal. The support strategy summarizes the results of the logistics analysis, planning, and acquisition. All elements of logistics and related disciplines are included in the support strategy.

h. Chapter 9 lists the Equipment Items Support and Consumables Handbooks developed by the Materiel Acquisition Directorate. These handbooks can be used to quickly identify shortage items at the time of issue, during unit inventory, and to re-supply the consumables. In addition, these handbooks can be used as a guide for resupply.

i. Chapter 10 discusses information on the UAs. Also included is information on obtaining supply catalogs (SCs) or supply bulletins (SBs), a list of the major medical assemblages, information on compact disc (CD), on-line capability to request national stock numbers (NSNs), how to recommend improvements and report errors in the UAs, and information on UA listings for consumable/support items.

j. Chapter 11 discusses information and products of the Materiel Acquisition Directorate, Acquisition Support Division (MMO-AS). This chapter includes applicable SICA information on acquisition advice code (AAC) “W” and AAC “J” relationships, NSNs for controlled substances, FED LOG on CD, the Medical Services Information Logistics System (MEDSILS), and the Universal Data Repository (UDR).

k. A Glossary of abbreviations is also included in this Supply Bulletin.